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FACSIMILE COVER SHEET**OFFICIAL**DATE: January 23, 2004OUR REF.: ORA5003USANP(J&JO-104US)

TIME: _____

YOUR REF.: 10/601,259

TO:	U.S. Patent and Trademark Office	
COMPANY:		
FROM:	Robert L. Andersen	<i>RLA</i>
FAX TELEPHONE:	703-872-9306	
OFFICE TELEPHONE:		
TITLE OF DOCUMENT:	Communication w/encls (POA and Corresp. Address Change & Statement Under 37 CFR 3.73(b))	

Total Number of Pages: 5 (including this form)

COMMENTS

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PTO/SB/21 (03-03) (AW 10/2003)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/601,259
	Filing Date	June 20, 2003
	First Named Inventor	James R. Lawler
	Art Unit	1815
	Examiner Name	
Total Number of Pages in This Submission 4.		Attorney Docket No. ORA5003USANP(J&JO-104US)

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Communication; Statement Under 37CFR 3.73(b)
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual	Robert L. Andersen	Registration No. (Attorney/Agent)	25,771
Signature	<i>R. L. Andersen</i>		
Date	January 23, 2004		

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Signature	<i>Patricia C. Boccella</i>	Date	January 23, 2004

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ORA5003USANP(J&JO-104US)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 10/601,259
Applicant: James R. Lawter
Filed: June 20, 2003
Title: RAPID RELEASE TETRACYCLINE FORMULATIONS FOR
TREATING OR PREVENTING MUCOSITIS
TC/A.U.: 1615
Examiner:

COMMUNICATION

Commissioner for Patents
P.O. Box 1450
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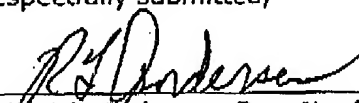
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Indication Form and a Statement Under 37 CFR 3.73(b). All future
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Robert L. Andersen
RatnerPrestia
P.O. Box 980
Valley Forge, PA 19482-0980

Phone: 610-407-0700
Fax: 610-407-0701

Respectfully submitted,


Robert L. Andersen, Reg. No. 25,771
Attorney for Applicant

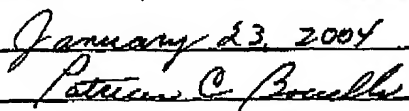
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PTO/SB/81 (09-03) (AW 10/2003)

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**POWER OF ATTORNEY
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Application Number	10/601,259
Filing Date	June 20, 2003
First Named Inventor	James Ronald Lawler
Title	RAPID RELEASE TETRACYCLINE FORMULATIONS FOR TREATING OR PREVENTING MUCOSITIS
Art Unit	
Examiner Name	
Attorney Docket Number	ORA5003USANP(J&JO-104US)

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

Telephone

732-524-6586

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ORA5003USANP (J&JO-104US)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: OraPharma, Inc.Application No./Patent No.: 10/601,259Filed/Issue Date: June 20, 2003Entitled: RAPID RELEASE TETRACYCLINE FORMULATIONS FOR TREATING OR PREVENTING MUCOSITIS

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

1/21/04
Date
732-524-6586
Telephone Number

Timothy E. Tracy
Typed or printed name
[Signature]
Signature
Assistant Secretary
Title

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